U S Department of Labor
Office of Labor-Management Standards
Washington, DC 20210

FORM LM-30
LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management and Budget
No 1215-0188
Expires 11-30-2006

US DOL AUG 22 2005 OLMS DRDA

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U- 70868

2 Fiscal Year Covered From 01 / 01 / 2004 Through 12 / 31 / 2004

3 Name and address of person filing

Name JAMES A SIPES

P O Box, Bldg , Room No , if any

Street 5712 LAURIE DR.

City HORN LAKE

State MS ZIP Code + 4 38637

4 Name, file number, and address of labor organization

Name ELEVATOR CONST. LOCAL 30

Labor Organization File Number 001183

P O Box, Building and Room Number, if any

Street 3078 DIRECTORS ROW

City MEMPHIS

State TN ZIP Code + 4 38131

5 Position in labor organization BUSINESS AGENT/FIN SEC + TREASURY

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6 Name and address of Employer (including trade name, if any)

Name NEIEP

Trade Name, if any

P O Box, Bldg , Room No , if any

Street 11 LARSEN WAY

City ATTLEBORO FALLS

State MA ZIP Code + 4 02763-1068

7 a Nature of Interest, Transaction, or Income

WAGES
Benefits (Lodging, meals, + AIRFARE)
Reimbursed Expenses

7.b Amount.

15,511.58

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed [signature] On 08-15-05 Date 901 345-6233 Telephone Number